

APPLICATION FOR INACTIVE STATUS LICENSURE

NAME: _____ LICENSE # _____

ADDRESS: _____

PHONE: (W) _____ (H) _____

EMAIL ADDRESS: _____

I hereby request that my license to practice optometry in Maryland be placed on inactive status. I will adhere to all regulations governing the status of inactive licensure and the regulations governing the reinstatement of inactive licensure to active status licensure, COMAR 10.28.05.02

I am aware that while I am on inactive status licensure, I may not practice optometry in the State of Maryland.

_____ Signature of licensee	_____ Date
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Subscribed and sworn to before me this _____ day of _____

Notary Public

My commission expires _____

A FEE OF \$250 MUST ACCOMPANY THIS APPLICATION